cated that the total direct and indirect cost increase was approximately $106 per person per month.

PSK4

FREQUENCY AND COST CONSEQUENCES ASSOCIATED WITH FAILURE OF MUPIROCIN AMONG UNCOMPLICATED SKIN AND SKIN STRUCTURE INFECTIONS (USSSI)

Meissner BL[1], Burch P S[2], Cantrell CR[2]
[1]Xcenda, Palm Harbor, FL, USA, [2]GlaxoSmithKline, Research Triangle Park, NC, USA

OBJECTIVES: To derive the frequency and costs associated with failure of initial mupirocin therapy among patients diagnosed with uncomplicated skin and skin structure infections (uSSSI). **METHODS:** A retrospective observational analysis was conducted using data obtained from the Integrated Health care Information Systems (IHCIS) dataset which contains nationally representative managed care claims data. This analysis utilized medical, pharmacy, and enrollment records between January 1, 2003 and April 30, 2006. Patients with a mupirocin prescription and a corresponding ICD9 code for an uSSSI up to 15 days prior to their index mupirocin prescription were eligible for the analysis. A patient was classified as failing treatment with mupirocin if they either: 1) received a second antibiotic commonly used to treat uSSSI 5–30 days after their index mupirocin prescription or 2) experienced an uSSSI-related hospitalization within 30 days after the index mupirocin prescription. Among those patients that were defined as mupirocin failures the frequency and costs (2005 US dollars) of a second uSSSI antibiotic, outpatient encounter, and hospitalization was derived. **RESULTS:** A total of 160,445 mupirocin prescriptions associated with an uSSSI were dispensed during the study timeframe. Of those prescriptions 12,650 (7.0%) resulted in failure. Among failures 93.8% (11,867) required a second antibiotic contributing a mean cost of $62 per prescription. Outpatient encounters were required by 40.3% (4782) of failures with a mean cost of $221 per encounter. Only 9.0% of failures required a hospitalization, but resulted in a mean cost of $6597 per hospitalization. This translates into an expected cost of $740.95 per mupirocin failure among uSSSI patients. **CONCLUSION:** The management of uSSSI is costly when initial pharmacologic therapy fails.

SKIN—Health Care Use & Policy Studies

PSK5

QUALITY OF DERMATOLOGIC CARE DELIVERED BY PHYSICIAN ASSISTANTS: AN ANALYSIS OF CLOTRIMAZOLE/BETAMETHASONE PROPIONATE PRESCRIPTIONS

Satyaprakash A[1], Jayawant SS[2], Feldman SR[1], Balkrishnan R[2]
[1]Wake Forest University School of Medicine, Winston Salem, NC, USA, [2]The Ohio State University College of Pharmacy, Columbus, OH, USA

OBJECTIVES: The quality of dermatologic care provided by physician assistants has not been well documented. This study characterized the use of potentially inappropriate combination medication clotrimazole/betamethasone diproprionate (a proxy for potentially inappropriate care) by physician assistants compared to dermatologists and primary care physicians. **METHODS:** Data obtained from the National Ambulatory Medical Care Survey (1990–2000) were used to determine practitioner factors associated with a prescription for clotrimazole/betamethasone diproprionate. For each visit sampled that resulted in a dermatologic diagnosis, a patient log was completed to include demographic data, reasons for patient visits, physician diagnoses, services provided, and referral practices. For each year, we assessed patient visits to include twenty highest dermatology-related primary field diagnoses (using ICD-9 codes) at which clotrimazole/betamethasone diproprionate was mentioned. Practitioners were grouped as dermatologists, dermatology PAs, primary care providers, and primary care PAs, other specialty physicians and other specialty PAs. One-way ANOVA and multivariate logistic regression analyses using STATA 9.0 were tested the study objectives. **RESULTS:** PAs, regardless of specialty, were more than four times as likely (OR: 4.3, 95%CI: 0.7, 25.6) to prescribe clotrimazole/betamethasone diproprionate when they were the sole provider of care compared to when under direct supervision by a physician (OR: 1.8, 95%CI: 0.4, 8.0). Dermatology PAs prescribed clotrimazole/betamethasone diproprionate at a rate of 3.8%, compared to the PCP prescription rate of 4.9% and the dermatologist prescription rate of 0.2%. The highest rate of clotrimazole/betamethasone diproprionate prescription was seen in PAs practicing under PCPs, 16.9%. **CONCLUSION:** The quality of dermatologic care provided by dermatology physician assistants is closer to that of primary care physicians than that of dermatologists, evidencing a need for more extensive training for these practitioners. However, the use of closely supervised PAs may help provide more accessible and higher quality dermatologic care to all patients than provided by primary care practitioners.

PSK6

THE IMPACT OF PSORIASIS ON HEALTH CARE COSTS AND WORK LOSS

Duh MS[1], Fowler JF[2], Rovba L[1], Buteau S[1], Pinheiro L[1], Lobo F[3], Sung J[3], Doyle JJ[3], Mallett D[4], Kosicki G[1]
[1]Analysis Group, Inc, Boston, MA, USA, [2]University of Louisville, Louisville, KY, USA, [3]Novartis Pharmaceuticals Corporation, East Hanover, NJ, USA, [4]Ingenix Employer Solutions, New Haven, CT, USA

OBJECTIVES: To determine the incremental direct health care and indirect work loss costs experienced by employer-payers for patients diagnosed with psoriasis (PS). **METHODS:** A de-identified claims database consisting of 5.1 million covered lives from 31 Fortune 500 self-insured employers over the period 1998–2005 was used. Each PS patient was matched with three controls based on age and gender. The average monthly direct health care costs (i.e., medical & pharmaceutical costs) were computed for the respective groups. For the subset of patients who were active employees, the indirect costs of lost work time were calculated for each group, as measured by employer disability payments and sick leave time multiplied by the employee's wage. In addition, a multivariate two-part regression was used to isolate the cost increase attributable to PS by controlling for age, gender, year, comorbidities, and organ transplantation. **RESULTS:** The univariate analysis showed that the PS patients (N = 10,325) were associated with higher medical and pharmacy costs than the control group (N = 30,975) by an average of $156 and $129 per person per month, respectively (medical: $439 vs. $283, $p < 0.0001$; pharmacy: $209 vs. $81, $p < 0.0001$), bringing the total increase in health care costs to $285 per person per month ($648 vs. $364, $p < 0.0001$). In the subset of active employees, the PS group (N = 2527) was associated with a higher indirect work loss cost of $81 per person per month ($164 vs. $83, $p < 0.0001$) than the control group (N = 6573). For each cost category, a statistically significant cost increase for PS patients was confirmed through the multivariate analysis (adjusted incremental direct cost = $77, $p = 0.024$; adjusted incremental indirect cost = $43, $p = 0.022$). **CONCLUSIONS:** PS was associated with a statistically significant increase in health care and work loss costs. The multivariate analysis indicated that